### Case 17-22398-jra Doc 10 Filed 09/12/17 Page 1 of 49

Fill in this infor	mation to identify your	case:		
Debtor 1	Bridget L Lesinsl	ki		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT HAMMOND	OF INDIANA HAMMOND DIVISION	AT
Case number	17-22398			
(if known)				☐ Check if this is an
				amended filing

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

info	is complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amender original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	t 1: Summarize Your Assets		
		Your as	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	350,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	16,654.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	366,654.00
Par	t 2: Summarize Your Liabilities		
		Your lia Amount	abilities you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	318,909.10
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	275,372.19
	Your total liabilities	\$	594,281.29
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	8,491.29
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	8,425.33
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	edules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal,	family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this	box and su	ıbmit this form to
Offi	cial Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information	р	age 1 of 2

### Case 17-22398-jra Doc 10 Filed 09/12/17 Page 2 of 49

Debtor 1 Bridget L Lesinski

Case number (if known) 17-22398

the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

13,810.50

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tota	al claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	229,891.64
9g. <b>Total.</b> Add lines 9a through 9f.	\$	229,891.64

#### Case 17-22398-jra Doc 10 Filed 09/12/17 Page 3 of 49

Fill in this info	rmation to identify yo	ur case and th	is filing	7-			
Debtor 1			iio iiiiii	3.			
Debior 1	Bridget L Lesir		Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle	Name	Last Name			
(Spouse, il lilling)	Filst Name						
United States E	Bankruptcy Court for the		_	RICT OF INDIANA HAMMOND DIVISION			
Case number	17-22398						Check if this is an amended filing
	orm 106A/B	norty					40/45
	le A/B: Pro	<u> </u>		only once. If an asset fits in more than one			12/15
1. <b>Do you own o</b>	r have any legal or equita			Estate You Own or Have an Interest In lence, building, land, or similar property?			
	nwall Circle s, if available, or other descript	ion	What	s is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative	the amount of a	any secured c	s or exemptions. Put laims on <i>Schedule D:</i> Secured by Property.
Munster	IN 4	6321-0000		Manufactured or mobile home Land	Current value entire property		Current value of the portion you own?
City	State	ZIP Code		Investment property	\$350,0	00.00	\$350,000.00
				Timeshare Other			r ownership interest cy by the entireties, or
			Who	has an interest in the property? Check one	a life estate), it Residence		ebtor name and
				Debtor 1 only	non debtor	spouse n	ame
Lake				•			
County							unity property
			Othe	At least one of the debtors and another r information you wish to add about this iter	(see instruct m, such as local	ions)	
				erty identification number:			
			Mar	ket value based on CMA 7-6-2016	\$350,000		
pages you				your entries from Part 1, including any r here			\$350,000.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Debt	or 1 <b>B</b>	ridget L Lesins	ski		Case number (if known)	17-22398
. Ca	rs, vans,	trucks, tractors,	, sport utility ve	hicles, motorcycles		
_				•		
•	Yes					
		Observe			Do not deduct seco	cured claims or exemptions. Put
3.1	Make:	Chevy		Who has an interest in the property? Check one	the amount of any	secured claims on Schedule D:
	Model:	Traverse		■ Debtor 1 only	Creditors Who Have	ve Claims Secured by Property.
	Year:	2014	68k	Debtor 2 only	Current value of t entire property?	
		nate mileage: ormation:	OOK	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire property?	portion you own?
		value based o	n Carmax	At least one of the deptors and another		
		sal 8/2017		☐ Check if this is community property	\$12,000	\$6,000.00
		n Debtor's nan		(see instructions)		
	Debtor	husband nam	e.			
		<b>-</b>			Do not dodust soor	cured claims or exemptions. Put
3.2	Make:	Toyota		Who has an interest in the property? Check one	the amount of any	secured claims on Schedule D:
	Model:	Camry		Debtor 1 only	Creditors Who Have	ve Claims Secured by Property.
	Year:	2012	75.000	Debtor 2 only	Current value of t	
		nate mileage: ormation:	75,000+	<ul><li>□ Debtor 1 and Debtor 2 only</li><li>□ At least one of the debtors and another</li></ul>	entire property?	portion you own?
		value based o	n CarMax	At least one of the deptors and another		
	1	sal 8/2017		☐ Check if this is community property	\$7,000	\$7,000.00
				(see instructions)		
	Yes					
				n for all of your entries from Part 2, including		\$13,000.00
	_				L	<u></u>
Part 3		be Your Personal a				
Do y	ou own o	r have any legal	or equitable in	terest in any of the following items?		Current value of the portion you own?  Do not deduct secured claims or exemptions.
		goods and furni		china kitahanyara		· ·
_	xamples: I No	viajor appilances,	iurniture, linens	, china, kitchenware		
	Yes. De	coribo				
_	103. DC	301100				
		No	ormal househo	old goods and furnishings.		\$1,500.00
	ectronics		- P P 2 d	and all all all and a second and		alla affa a a la alexanda da da da c
E				eo, stereo, and digital equipment; computers, prir nedia players, games	iters, scanners; music co	ullections; electronic devices
	No	Q - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	Yes. De	scribe				
					1	<b>A</b>
		El	ectronics Tele	evisions and Computer		\$500.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

■ No

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D	ebtor 1	Bridget L Lesinski	Case number (if known)	17-22398
	☐ Yes.	Describe		
9.	Exampl	ent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment musical instruments  Describe	; bicycles, pool tables, golf clubs, skis; canoes ar	nd kayaks; carpentry tools;
10	i. <b>Firearr</b> Examp ■ No		nt	
11	Clothe Examp		s, accessories	
		Normal everyday wearing apparel		\$200.00
12	□ No	y oles: Everyday jewelry, costume jewelry, engagement rings, we Describe	dding rings, heirloom jewelry, watches, gems, go	ld, silver
		Wedding Ring		\$1,000.00
13	Examp □ No -	orm animals bles: Dogs, cats, birds, horses  Describe		
		Dog		\$50.00
1:	No Yes.  S. Add to	her personal and household items you did not already list,  Give specific information  the dollar value of all of your entries from Part 3, including art 3. Write that number here	any entries for pages you have attached	\$3,250.00
D	o you ow	vn or have any legal or equitable interest in any of the follo	wing?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16	■ No	ples: Money you have in your wallet, in your home, in a safe de		ı
17	Examp	its of money  oles: Checking, savings, or other financial accounts; certificates institutions. If you have multiple accounts with the same ir	stitution, list each.	ouses, and other similar
	Yes	Institution	name:	

Official Form 106A/B Schedule A/B: Property page 3

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Debtor 1	Bridget L Les	inski			Case number (if known)	17-22398
		17.1.	Checking xxx1188	Chase Bank		\$400.00
		17.2.	HSA	MedFlex		\$1.00
	s, mutual funds, or nples: Bond funds, ir			ge firms, money market acco	unts	
■ No □ Yes	i		Institution or issuer name	):		
joint	oublicly traded stoo venture	ck and	interests in incorporate	d and unincorporated busin	nesses, including an interes	t in an LLC, partnership, and
■ No □ Yes	s. Give specific infor		about them me of entity:		% of ownership:	
Nego	otiable instruments ir	nclude p	personal checks, cashiers	e and non-negotiable instru ' checks, promissory notes, a to someone by signing or de	nd money orders.	
■ No □ Yes	. Give specific infor		about them uer name:			
	ement or pension and ples: Interests in IR			, thrift savings accounts, or o	ther pension or profit-sharing	plans
■ Yes	s. List each account		tely. of account:	Institution name:		
		Retir	ement	Francis W. Parker SCh	ool Retirment Plan	\$1.00
		IRA F	Rollover xxx9664	American Funds		\$1.00
Your		deposit	ts you have made so that	you may continue service or cutilities (electric, gas, water)	use from a company , telecommunications compar	nies, or others
■ No □ Yes	s			Institution name or individua	al:	
		a perio	dic payment of money to	you, either for life or for a num	nber of years)	
■ No □ Yes	Issu	ıer nam	e and description.			
	sts in an education S.C. §§ 530(b)(1), 52			ed ABLE program, or under	r a qualified state tuition pro	ogram.
■ No □ Yes	Inst	itution r	name and description. Sep	parately file the records of any	y interests.11 U.S.C. § 521(c):	
_	s, equitable or futu	re inte	rests in property (other	than anything listed in line	1), and rights or powers exe	ercisable for your benefit
■ No □ Yes	s. Give specific infor	mation	about them			
				ner intellectual property om royalties and licensing agr	reements	

Official Form 106A/B Schedule A/B: Property page 4

☐ Yes. Give specific information about them...

# 

Debtor	1 Bridget L Lesi	nski	Case number (if known)	17-22398
_Ex	amples: Building permi	d other general intangibles ts, exclusive licenses, cooperative association	holdings, liquor licenses, professional licens	es
■ N	lo 'es. Give specific infor	nation about them		
Money	or property owed to	you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
		ı nation about them, including whether you alrea	dy filed the returns and the tax years	
	•	, ,	,	
Ex ■ N	•	mp sum alimony, spousal support, child suppor	t, maintenance, divorce settlement, property	settlement
30. <b>Ot</b> l	ner amounts someone ramples: Unpaid wages		fits, sick pay, vacation pay, workers' compe	nsation, Social Security
■ N	, ,	•		
	•	olicies ity, or life insurance; health savings account (H	SA); credit, homeowner's, or renter's insurar	nce
■ Y	es. Name the insuranc	e company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
		American Family Insurance Owner/Insured: Bridget Lesinski Death Benefit \$250,000		***
		Term Life Policy xxx173-7	Husband	\$1.00
If y soil ■ N	you are the beneficiary meone has died.	that is due you from someone who has died of a living trust, expect proceeds from a life instruction		eive property because
Ex	ramples: Accidents, em	ies, whether or not you have filed a lawsuit ployment disputes, insurance claims, or rights t		
■ N □ Y	งo ′es.  Describe each cla	m		
34. <b>Ot</b> ŀ	_	liquidated claims of every nature, including	counterclaims of the debtor and rights to	set off claims
ΠY	es. Describe each cla	m		
ΠY	es. Give specific infor	mation		
		all of your entries from Part 4, including any		\$404.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

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•			•	
Debte	or 1 Bridget L Lesinski		Case number (if known)	17-22398
37. <b>D</b> o	you own or have any legal or equitable interest in any business-relat	ed property?		
	No. Go to Part 6.			
	res. Go to line 38.			
Part 6	Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.	ı Own or Have an Interes	st In.	
46. <b>D</b>	o you own or have any legal or equitable interest in any farm-	or commercial fishin	ng-related property?	
ı	No. Go to Part 7.			
	Yes. Go to line 47.			
Part 7	Describe All Property You Own or Have an Interest in That You	u Did Not List Above		
53 <b>D</b>	o you have other property of any kind you did not already list	?		
	Examples: Season tickets, country club membership	•		
	No			
	Yes. Give specific information			
54	Add the dollar value of all of your entries from Part 7. Write th	ast number here		\$0.00
J4.	and the donal value of all of your entires from raft r. write th	iat number nere		<del></del>
Part 8	List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$350,000.00
56.	Part 2: Total vehicles, line 5	\$13,000.00		
57.	Part 3: Total personal and household items, line 15	\$3,250.00		
58.	Part 4: Total financial assets, line 36	\$404.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$16,654.00	Copy personal property to	stal <b>\$16,654.00</b>
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$366.654.00

Official Form 106A/B Schedule A/B: Property page 6

Fill in this infor	mation to identify your	case:		
Debtor 1	Bridget L Lesinsl	<b>ci</b>		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT HAMMOND	OF INDIANA HAMMOND DIVISION	AT
	17-22398			
(if known)				☐ Check if th amended f

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property	You Claim as Exempt
-------------------------------	---------------------

1.	Which set of exemptions are you claiming	? Check one only,	even if your spouse	is filing with you.
----	--	-------------------	---------------------	---------------------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption	
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
298 Cornwall Circle Munster, IN 46321 Lake County	\$350,000.00		\$51,347.69	Ind. Code § 34-55-10-2(c)(5)	
Market value based on CMA 7-6-2016 \$350,000 Line from <i>Schedule A/B</i> : 1.1			100% of fair market value, up to any applicable statutory limit		
2012 Toyota Camry 75,000+ miles Market value based on CarMax	\$7,000.00		\$4,197.37	Ind. Code § 34-55-10-2(c)(2)	
Appraisal 8/2017 Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit		
Normal household goods and furnishings.	\$1,500.00		\$1,500.00	Ind. Code § 34-55-10-2(c)(2)	
Line from Schedule A/B: <b>6.1</b>			100% of fair market value, up to any applicable statutory limit		
Electronics Televisions and Computer	\$500.00		\$500.00	Ind. Code § 34-55-10-2(c)(2)	
Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit		
Normal everyday wearing apparel	\$200.00		\$200.00	Ind. Code § 34-55-10-2(c)(2)	
Line nom ochequie AVD. 11.1			100% of fair market value, up to any applicable statutory limit		

## Case 17-22398-jra Doc 10 Filed 09/12/17 Page 10 of 49

Debtor 1 Bridget L Lesinski			Case number (if known)	17-22398
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B		ount of the exemption you claim  eck only one box for each exemption.	Specific laws that allow exemption
Wedding Ring Line from Schedule A/B: 12.1	\$1,000.00		\$1,000.00	Ind. Code § 34-55-10-2(c)(2)
Zine nein estreaue /vZi 1 <b>Zi</b> 1			100% of fair market value, up to any applicable statutory limit	
<b>Dog</b> Line from <i>Schedule A/B</i> : <b>13.1</b>	\$50.00		\$50.00	Ind. Code § 34-55-10-2(c)(2)
Enternolli Gonedale 702. Terr			100% of fair market value, up to any applicable statutory limit	
Checking xxx1188: Chase Bank Line from Schedule A/B: 17.1	\$400.00		\$400.00	Ind. Code § 34-55-10-2(c)(3)
Elle Holli Genedale Add. 1111			100% of fair market value, up to any applicable statutory limit	
HSA: MedFlex Line from Schedule A/B: 17.2	\$1.00		100%	Ind. Code § 34-55-10-2(c)(8)
Line IIIIII Schedule AVD. 17.2			100% of fair market value, up to any applicable statutory limit	
Retirement: Francis W. Parker SChool Retirment Plan	\$1.00		100%	Ind. Code § 34-55-10-2(c)(6)
Line from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit	
IRA Rollover xxx9664: American Funds	\$1.00		100%	Ind. Code § 34-55-10-2(c)(6)
Line from Schedule A/B: 21.2			100% of fair market value, up to any applicable statutory limit	
American Family Insurance Owner/Insured: Bridget Lesinski	\$1.00		100%	Ind. Code §§ 27-1-12-14, 27-2-5-1(c)
Death Benefit \$250,000 Term Life Policy xxx173-7 Beneficiary: Husband Line from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	2. 20 1(0)
3. Are you claiming a homestead exemptio (Subject to adjustment on 4/01/19 and ever	y 3 years after that for ca	ases fi	,	,
☐ Yes. Did you acquire the property cove☐ No	ered by the exemption wi	ithin 1	,215 days before you filed this case'	?
☐ Yes				

## Case 17-22398-jra Doc 10 Filed 09/12/17 Page 11 of 49

Fill in this information to	o identify you	r case:			
Debtor 1 Brid	get L Lesins	ski			
First N	ame	Middle Name Last Name		-	
Debtor 2 (Spouse if, filing) First N	ame	Middle Name Last Name		-	
United States Bankruptcy	Court for the:	NORTHERN DISTRICT OF INDIANA HAW HAMMOND	IMOND DIVISION AT		
Case number 17-2239	18				
(if known)	<del>,</del>			☐ Check	if this is an
				amend	ded filing
Official Form 106	D				
	<del></del>	Who Have Claims Secure	nd hy Propert	V	12/15
Scriedule D. C	euitois	Wild Have Claims Secure	u by Propert	<u>y</u>	12/15
		f two married people are filing together, both are out, number the entries, and attach it to this form.			
1. Do any creditors have cla	ims secured by	your property?			
No. Check this box	cand submit th	is form to the court with your other schedules.	You have nothing else t	to report on this form.	
Yes. Fill in all of th	e information b	pelow.			
Part 1: List All Secure	ed Claims		0.1	0.1	0.1.0
		nore than one secured claim, list the creditor separate a particular claim, list the other creditors in Part 2. As		Column B Value of collateral	Column C Unsecured
		cal order according to the creditor's name.	Do not deduct the	that supports this	portion
2.1 Chase Auto Fina	ince	Describe the property that secures the claim:	value of collateral. \$17,454.16	claim \$12,000.00	If any <b>\$5,454.16</b>
Creditor's Name		2014 Chevy Traverse 68k miles			
		Market value based on Carmax			
		appraisal 8/2017 Titled in Debtor's name and Non			
		Debtor husband name.			
PO Box 9001937		As of the date you file, the claim is: Check all that apply.			
Louisville, KY 40		Contingent			
Number, Street, City, State	e & Zip Code	Unliquidated			
Who owes the debt? Chec	ck one.	Disputed  Nature of lien. Check all that apply.			
Debtor 1 only		An agreement you made (such as mortgage or s	ecured		
Debtor 2 only		car loan)			
☐ Debtor 1 and Debtor 2 on	-	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
At least one of the debtor  Check if this claim relat			ΔN		
community debt	es to a	Other (including a right to offset)			
Date debt was incurred _3	-2014	Last 4 digits of account number 4510	<u> </u>		
First National Ba		Describe the property that secures the claim:	\$292,800.31	\$350,000.00	\$0.00
Creditor's Name		298 Cornwall Circle Munster, IN	-		-
of Old Communi	•	46321 Lake County			
Trail, Community Bank, NA, a WIN		Market value based on CMA 7-6-2016 \$350,000			
COMMUNITY BA		As of the date you file, the claim is: Check all that			
275 Joliet Street 330	Suite	apply.  Contingent			
Dyer, IN 46311					
Number, Street, City, State	e & Zip Code	Unliquidated			
Who owes the debt? Che	ck one	Disputed  Nature of lien. Check all that apply.			
Debtor 1 only	0110.	☐ An agreement you made (such as mortgage or s	ecured		
Debtor 2 only		car loan)			
Debtor 1 and Debtor 2 on	lly	☐ Statutory lien (such as tax lien, mechanic's lien)			
Official Form 106D		Schedule D: Creditors Who Have Claims Se	cured by Property		page 1 of

#### Case 17-22398-jra Doc 10 Filed 09/12/17 Page 12 of 49

First Name  Middle Name  Last Name  At least one of the debtors and another  Check if this claim relates to a community debt  Check if this claim relates to a community debt	2-7-16 Judgment Rendered
☐ Check if this claim relates to a ☐ Other (including a right to offset)	<del>_</del>
	or <u>0001</u>
Date debt was incurred 6-2014 Last 4 digits of account num	
2.3 Lake County Treasurer Describe the property that secures	e claim: \$5,852.00 \$350,000.00 \$0
Creditor's Name 298 Cornwall Circle Munste	
46321 Lake County	
Government Complex  Market value based on CMA	
Attn: Bankruptcy Dept As of the date you file, the claim is:	neck all that
2293 N. Wain Street apply.	
Number, Street, City, State & Zip Code Unliquidated  Disputed	
Who owes the debt? Check one. Nature of lien. Check all that apply.	
☐ Debtor 1 only ☐ An agreement you made (such as	ortgage or secured
☐ Debtor 2 only car loan)	
☐ Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, me	anic's lien)
At least one of the debtors and another	
☐ Check if this claim relates to a community debt ☐ Other (including a right to offset)	Real Estate Taxes
2017 payable Date debt was incurred 2018 Last 4 digits of account num	er <u>0027</u>
TOYOTA FINANCIAL SERVICES  Describe the property that secures	e claim: \$2,802.63 \$7,000.00 \$0
Creditor's Name 2012 Toyota Camry 75,000+	
Market value based on Carl Appraisal 8/2017	X
As of the date you file the claim is:	neck all that
Carol Stream, IL  60197-5855  As of the date you lie, the claim is.	
Number, Street, City, State & Zip Code	
☐ Disputed	
Who owes the debt? Check one. Nature of lien. Check all that apply.	
☐ Debtor 1 only ☐ An agreement you made (such as	ortgage or secured
■ Debtor 2 only car loan)	
Debtor 1 and Debtor 2 only	anic's lien)
☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit ☐	MCLL CAN
☐ Check if this claim relates to a community debt ☐ Other (including a right to offset)	PMSI LOAN
Date debt was incurred 11-27-2012 Last 4 digits of account num	er <u>8413</u>
Add the dollar value of your entries in Column A on this page. Write that num	er here: \$318,909.10
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:	\$318,909.10

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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Case number (if know) 17-22398
е
On which line in Part 1 did you enter the creditor? 2.1  Last 4 digits of account number 4510
On which line in Part 1 did you enter the creditor?
On which line in Part 1 did you enter the creditor? _2.2_  Last 4 digits of account number _0023_
On which line in Part 1 did you enter the creditor?
On which line in Part 1 did you enter the creditor? _2.2 Last 4 digits of account number _0001

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					_	
Fill in thi	s information to identify your o	case:				
Debtor 1	Bridget L Lesinsk	i				
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, fi	iling) First Name	Middle Name	Last Name			
(Spouse II, II	illing) Filst Name	Middle Name	Last Name			
United St	ates Bankruptcy Court for the:	NORTHERN DISTRICT OF HAMMOND	INDIANA HAMI	MOND DIVISION AT		
Case nun	mber 17-22398					
(if known)						Check if this is an
					a	mended filing
Official	Form 106E/F					
	ule E/F: Creditors W	ho Have Unsecure	d Claims			12/15
	plete and accurate as possible. Use			Part 2 for craditors with N	ONDDIODITY clai	
Schedule I left. Attach name and	<ol> <li>Executory Contracts and Unexpi</li> <li>Creditors Who Have Claims Sect</li> <li>the Continuation Page to this pag</li> <li>case number (if known).</li> </ol>	red by Property. If more space e. If you have no information to	is needed, copy	he Part you need, fill it ou	it, number the en	tries in the boxes on the
Part 1:	List All of Your PRIORITY Un					
_	y creditors have priority unsecured	d claims against you?				
■ No	. Go to Part 2.					
☐ Ye	_					
Part 2:	List All of Your NONPRIORIT					
3. Do an	y creditors have nonpriority unsec	ured claims against you?				
□ No	. You have nothing to report in this pa	art. Submit this form to the court w	ith your other sche	edules.		
■ Ye	S.					
unsec	Il of your nonpriority unsecured cla ured claim, list the creditor separately ne creditor holds a particular claim, li	for each claim. For each claim lis	ted, identify what t	ype of claim it is. Do not list	claims already inc	cluded in Part 1. If more
						Total claim
	Barclays Bank Delaware	Last 4 digits of a	ccount number	7348		\$814.67
	Ionpriority Creditor's Name  00 South West Street	When was the d	obt incurred?	2015 and prior		
	Vilmington, DE 19801	when was the d	ebt incurreu?	2015 and prior		_
	lumber Street City State Zlp Code	As of the date ye	ou file, the claim i	s: Check all that apply		
V	Vho incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	$\beth$ At least one of the debtors and and	uici <u></u>	ORITY unsecured	d claim:		
	Check if this claim is for a comm					
	ebt s the claim subject to offset?	☐ Obligations are report as priority		ration agreement or divorce	that you did not	
_	No	<u>-</u> : ' '		g plans, and other similar d	ebts	
-	<b>–</b> 110	2000 to police	•	; Amount shown do		
	Yes	Other. Specify		e fees and interest a		_

Debto	Bridget L Lesinski		Case number (if know)	17-22398	
4.2	Barclays Bank Delaware	Last 4 digits of account number	5849		\$825.00
	Nonpriority Creditor's Name 100 South West Street Wilmington, DE 19801	When was the debt incurred?	2015 and prior		
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	<u> </u>	<u> </u>			
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecure	4 claim:		
	☐ At least one of the debtors and another	Student loans	a ciaiiii.		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar de	hts	
	☐ Yes		l; Amount shown doe	es not	
4.3	Cheboygan Life Support Systems  Nonpriority Creditor's Name	Last 4 digits of account number	203M		\$512.50
	c/o Northern Credit Bureau PO Box 478 Petoskey, MI 49770	When was the debt incurred?	2016		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar de	bts	
	☐ Yes	■ Other. Specify Unpaid Merfor illness;	dical Bill for services Non Accident Relate	rendered d	
4.4	Chicago Tribune Nonpriority Creditor's Name	Last 4 digits of account number	6911		\$51.48
	PO Box 9001157 Louisville, KY 40290-1157	When was the debt incurred?	2016		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims	<u> </u>	*	
	■ No	Debts to pension or profit-sharing	g plans, and other similar de	bts	
	Yes	Other Specific Unpaid nev	vspaper subscription	L	

Debtor	1 Bridget L Lesinski		Case number (if know) 17-22398	
4.5	CITIBANK	Last 4 digits of account number	9556	\$23,281.84
	Nonpriority Creditor's Name BOX 6000 The Lakes, NV 89163-6000	When was the debt incurred?	2015 AND PRIOR	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharir	g plans, and other similar debts	
	Yes		d; Amount shown does not e fees and interest accrued	
4.6	Discover Bank	Last 4 digits of account number	1368	\$6,923.33
	Nonpriority Creditor's Name PO Box 6103 Carol Stream, IL 60197-6103	When was the debt incurred?	2015 & prior	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	Credit Card Default Jud Superior C		
4.7	Dreyer Ooms & Van Drunen Ltd	Last 4 digits of account number	<u>Lesinski</u>	\$2,758.00
	Nonpriority Creditor's Name 17075 South Park Avenue South Holland, IL 60473-3350	When was the debt incurred?	2011-2015	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharir		
	Yes	Other. Specify Unpaid according	counting fees.	

Debtor	1 Bridget L Lesinski		Case number (if know) 17-22398	
4.8	KOHLS	Last 4 digits of account number	0485	\$1,871.04
	Nonpriority Creditor's Name P.O.BOX 2983	When was the debt incurred?	2015 and prior	
	Milwaukee, WI 53201-2983  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes		d; Amount shown does not e fees and interest accrued	
4.9	Масу	Last 4 digits of account number	5354	\$1.00
	Nonpriority Creditor's Name PO Box 6167	When was the debt incurred?	2015 & prior	
	Sioux Falls, SD 57117-6167  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	$\square$ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing		
	☐ Yes		l; Amount shown does not e fees and interest accrued	
4.1	Масу	Last 4 digits of account number	2610	\$366.89
	Nonpriority Creditor's Name PO Box 6167	When was the debt incurred?	2015 & prior	
	Sioux Falls, SD 57117-6167  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes		d; Amount shown does not e fees and interest accrued	

Debt	ebtor 1 Bridget L Lesinski		Case number (if know) 17-22398			
4.1 1	Medical Recovery Specialist	Last 4 digits of account number 1611		\$30.00		
	Nonpriority Creditor's Name 2250 E. Devon Avenue Suite 352	When was the debt incurred? 3-3-17		_		
	Des Plaines, IL 60018-4521	_				
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that app	ply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	•	<u> </u>				
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured claim:				
	☐ At least one of the debtors and another	Student loans				
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or	divorce that you did not			
	Is the claim subject to offset?	report as priority claims	•			
	■ No □ Debts to pension or profit-sharing plans, and other similar debts					
	□Yes	Unpaid Medical Bill for mi services rendered for illned Cother. Specify Related				
4.1 2	Old Plank Trail Community Bank  Nonpriority Creditor's Name	Last 4 digits of account number	-	\$2,044.80		
	280 Veterans Parkway New Lenox, IL 60451	When was the debt incurred? 2015 & Prior		_		
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that app	ply			
	☐ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or report as priority claims	divorce that you did not			
	<u> </u>	☐ Debts to pension or profit-sharing plans, and other s	imilar dahta			
	■ No					
	☐ Yes	Other. Specify Revolving Credit		_		
4.1 3	Partnership Financial CU	Last 4 digits of account number 7896		\$6,000.00		
	Nonpriority Creditor's Name 616 West Main Street	When was the debt incurred? 2015 and price	or	_		
	Barrington, IL 60010  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that app	nlv			
	Who incurred the debt? Check one.	7.6 of the date you me, the ordin to. Officer all that app	piy			
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	By ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	debt Is the claim subject to offset?					
	■ No	Debts to pension or profit-sharing plans, and other s	imilar debts			
	-	Credit Card; Amount show	wn does not			
	☐ Yes	include late fees and interunder. Specify unsure of exact amount o	rest accrued;			

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Shell Point Mortgage Servicing  Notified St 19063 Dallas, TX 75261-9963 Dallas, TX 75261	Debto	1 Bridget L Lesinski		Case number (if know) 17-22398	
Mean was the debit incurred? 2002  Number Street City State Zip Code Whe incurred the debt? NFAccione.   Debtor 1 and Debtor 2 only   Debtor 3 only   Debtor 2 only   Debtor 3 only   Debtor 2 only   Debtor 3			Last 4 digits of account number	0214	\$229,891.64
As of the date you file, the claim is: Check all that apply  Who incurred the debt/ Check one.    Debtor 1 and Debtor 2 only   Debtor 2 only   Debtor 2 only   Debtor 3 and Debtor 2 only   Debtor 4 into Debtor 2 only   Debtor 4 into Debtor 2 only   Debtor 5 only   Debtor 5 only   Debtor 6 only   Debtor 6 only   Debtor 6 only   Debtor 7 only   Debtor 8 only   Debtor 9 only   Debtor		PO Box 619063	When was the debt incurred?	2002	
Destor 1 only		Number Street City State Zlp Code	As of the date you file, the claim	n is: Check all that apply	
Debtor 2 only		<u> </u>	☐ Contingent		
Debtor 1 and Debtor 2 only		′			
At least one of the debtors and another   Check iff this claim is for a community debt is the claim is for a community debt is the claim subject to offset?   Student losers   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as proirity claims   Obligations arising out of a separation agreement or divorce that you did not report as proirity claims   Obligations arising out of a separation agreement or divorce that you did not report as proirity claims   Obligations arising out of a separation agreement or divorce that you did not report as proirity claims   Obligations arising out of a separation agreement or divorce that you did not report as proirity claims   Obligations   Obl		_	·		
Check tiths claim is to rice anomative debt in this claim is to rice a community debt in the claim subject to offset?   Check one):   Debts to pension a profit-sharing plans, and other similar debts		_		ed claim:	
Check if this claim is for a community debt is the claim subject to offset?		_			
Debts to persion or profit-sharing plans, and other similar debts    Ves		debt	☐ Obligations arising out of a sep	paration agreement or divorce that you did not	
Yes   Other Specify   State Court Lawsuit extinguishing any interest in residential property at 298   Conwell Drive Munster Indiana.   Part 3: List Others to Be Notified About a Debt That You Already Listed   Sues this page only if you have others to be notified about your bankrupter, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you work to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. If you do not have additional persons to be notified for any odthe debts that you listed in Parts 1 or 2, then list the collection agency here. If you do not have additional persons to be notified for any odthe sin Parts 1 or 2, do not fill out or submit this page.   Part 1: Creditors with Priority Unsecured Claims   Part 2: Creditors with Nonpriority Unsecured Claims   Part 2: Credit		_		ing plans, and other similar debts	
Mortgage on residential property - See State Court Lawsuit extinguishing any interest in residential property at 298 Cornwell Drive Munster Indiana.  Part 3: List Others to Be Notified About a Debt That You Already Listed  5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2, For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor ?  A.R. M. Solutions A.R. M. Solutions PO Box 2929 Camarillo, CA 93011-2929  Cama				ing plane, and other cirmal debte	
So use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you were to someone else. list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list the collection agency here. Similarly, if you not have additional persons to be notified for any debts in Parts 1 or 2, do not till out or submit this page.  On which entry in Part 1 or Part 2 did you list the original creditor?  A.R.M. Solutions  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Sarclay Card Services  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  1611  Name and Address  Barclay Card Services  PO Box 60517  City of Industry, CA 91716  Name and Address  Barclay Card Services  PO Box 60517  City of Industry, CA 91716  Name and Address  Barclay Card Services  PO Box 60517  City of Industry, CA 91716  Name and Address  Barclay Card Services  PO Box 60517  City of Industry, CA 91716  Name and Address  Barclay Card Services  PO Box 60517  City of Industry, CA 91716  Name and Address  Barclay Card Services  PO Box 60517  City of Industry, CA 91716  Name and Address  Barclay Card Services  PO Box 60517  City of Industry, CA 91716  Name and Address  Barclay Card Services  PO Box 60517  City of Industry, CA 91716  Name and Address  Barclay Card Services  PO Box 60517  City of Industry, CA 91716  Name and Address  Don which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors		□ res	Mortgage State Cou interest in	rt Lawsuit extinguishing any residential property at 298	
is trying to collect from you for a debty you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than a dedicated in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than a dedicated in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than a dedicated in Parts 1 or 2, then list the collection agency here. Similarly, if you have that a dedicated in Parts 1 or 2, then list the collection agency here. Similarly, if you have that a dedicated in Parts 1 or 2, then list the collection agency here. Similarly, if you have that a dedicated in Parts 1 or 2, then list the collection agency here. Similarly, if you have that a dedicated in Parts 1 or 2, then list the collection agency here. Similarly, if you have that a dedicated in Parts 2 did you list the original creditor?  Line 4.1 of (Check one):    Part 1 or Creditors with Nonpriority Unsecured Claims   Parts 2 or 2, then list the original creditor?   Parts 2 or 2, then list the original creditor?   Parts 3, then list the original creditor?   Parts 2 or 2, then list the original creditor?   Parts 3, then list the original creditor?   Parts 4, digits of account number	Part 3	List Others to Be Notified About a Do	ebt That You Already Listed		
A.R.M. Solutions PO Box 2929 Camarillo, CA 93011-2929  Last 4 digits of account number Camarillo, CA 93011-2929  Camarillo, CA 93011-2929  Camarillo, CA 93011-2929  Last 4 digits of account number C586  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.11 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims Pospital 225 E. Chicago Avenue Box 44 Chicago, IL 60611  Cast 4 digits of account number  Last 4 digits of account number  Ine 4.1 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims  On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  Ine 4.1 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims  On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  T348  Name and Address  Barclay Card Services PO Box 60517 City of Industry, CA 91716  On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.2 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims  On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.2 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims  City of Industry, CA 91716  Cast 4 digits of account number  Sa49  On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  Last 4 digits of account number  T348  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claim	is try have	ing to collect from you for a debt you owe to s more than one creditor for any of the debts th	someone else, list the original creditor nat you listed in Parts 1 or 2, list the ad	in Parts 1 or 2, then list the collection agency h	ere. Similarly, if you
PO Box 2929 Camarillo, CA 93011-2929 Last 4 digits of account number 6586  Name and Address Ann & Robert Lurie Childrens Hospital 225 E. Chicago Avenue Box 44 Chicago, IL 60611  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services Po Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services Po Box 60517 City of Industry, CA 91716  Name and Address Don which entry in Part 1 or Part 2 did you list the original creditor? Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriorit			· · · · · · · · · · · · · · · · · · ·		
Camarillo, CA 93011-2929  Last 4 digits of account number 6586  Name and Address Ann & Robert Lurie Childrens Hospital 225 E. Chicago Avenue Box 44 Chicago, IL 60611  Last 4 digits of account number 1611  Name and Address Barclag Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services Po Box 60517 City of Industry, CA 91716  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  5849  Name and Address Barclays Bank Delaware 125 S. West Street Attn: Credit Bureau Wilmington, DE 19801-5014  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one): Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claim			′		
Name and Address Ann & Robert Lurie Childrens Hospital 225 E. Chicago Avenue Box 44 Chicago, IL 60611  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Sank Delaware 125 S. West Street Attn: Credit Bureau Willmington, DE 19801-5014  Name and Address Days Description of the street Buffalo, NY 14206-2317  On which entry in Part 1 or Part 2 did you list the original creditor? Intel 4.1 of (Check one): Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 3: Creditors with Priority Unsecured Claims Part 3: Creditors with Priority Unsecured Claims Part 3: Creditors with Nonpriority Unsecured Claims Part 3: Creditors with Nonpriority Unsecured Claims Part 3: Creditors with Nonpriority Unsecured Claims	_			Part 2: Creditors with Nonpriority Unsecured Cla	aims
Ann & Robert Lurie Childrens Hospital 225 E. Chicago Avenue Box 44 Chicago, IL 606611  Last 4 digits of account number Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims    Part 2: Creditors with Nonpriority Unsecured Claims   Part 2: Creditors with Nonpriority Unsecured Claims   Part 3: Creditors with Nonpriority Unsecured Claims   Part 3: Creditors with Priority Unsecured Claims   Part 3: Creditors with Priority Unsecured Claims   Part 3: Creditors with Nonpriority Unsecured Claims			Last 4 digits of account number	6586	
Hospital 225 E. Chicago Avenue Box 44 Chicago, IL 60611  Last 4 digits of account number  1611  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclays Bank Delaware 125 S. West Street Attn: Credit Bureau Wilmington, DE 19801-5014  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  7348  On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one): Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	Name a	and Address	On which entry in Part 1 or Part 2 did yo	ou list the original creditor?	
225 E. Chicago Avenue Box 44 Chicago, IL 60611  Last 4 digits of account number  1611  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Do which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  7348  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Do which entry in Part 1 or Part 2 did you list the original creditor? Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims  City of Industry, CA 91716  Name and Address Barclays Bank Delaware 125 S. West Street Attn: Credit Bureau Wilmington, DE 19801-5014  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  7348  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  7348  Name and Address  Capital Management Services 698 1/2 South Ogden Street Buffalo, NY 14206-2317			Line <b>4.11</b> of ( <i>Check one</i> ):	Part 1: Creditors with Priority Unsecured Claims	3
Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Po Box 60517 City of Industry, CA 91716  Name and Address Barclay Bank Delaware 125 S. West Street Attn: Credit Bureau Wilmington, DE 19801-5014  Name and Address Capital Management Services G98 1/2 South Ogden Street Buffalo, NY 14206-2317  Do n which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one):  Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims	225 E Box 4	. Chicago Avenue 14		Part 2: Creditors with Nonpriority Unsecured Cla	aims
Barclay Card Services PO Box 60517 City of Industry, CA 91716  Last 4 digits of account number  Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims Po Box 60517 City of Industry, CA 91716  Name and Address Barclay Bank Delaware 125 S. West Street Attn: Credit Bureau Wilmington, DE 19801-5014  Name and Address Capital Management Services 698 1/2 South Ogden Street Buffalo, NY 14206-2317	Cnica	igo, iL 606 i i	Last 4 digits of account number	1611	
Post 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  7348  Name and Address  Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address  Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims  Name and Address Barclays Bank Delaware 125 S. West Street Attn: Credit Bureau Willmington, DE 19801-5014  Name and Address Capital Management Services 698 1/2 South Ogden Street Buffalo, NY 14206-2317  Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims				ou list the original creditor?	
City of Industry, CA 91716  Last 4 digits of account number  7348  Name and Address  Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address  Barclay Bank Delaware 125 S. West Street Attn: Credit Bureau Wilmington, DE 19801-5014  Name and Address  Capital Management Services 698 1/2 South Ogden Street Buffalo, NY 14206-2317  Last 4 digits of account number  Don which entry in Part 1 or Part 2 did you list the original creditor? Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		•	Line 4.1 of (Check one):	Part 1: Creditors with Priority Unsecured Claims	3
Name and Address Barclay Card Services PO Box 60517 City of Industry, CA 91716  Name and Address Barclays Bank Delaware 125 S. West Street Attn: Credit Bureau Wilmington, DE 19801-5014  Name and Address Capital Management Services 698 1/2 South Ogden Street Buffalo, NY 14206-2317  City of Address Barclays Bank Delaware Line 4.1 of (Check one):  Don which entry in Part 1 or Part 2 did you list the original creditor?  Drart 2: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Priority Unsecured Claims  Part 2: Creditors with Priority Unsecured Claims  Part 2: Creditors with Priority Unsecured Claims	_			Part 2: Creditors with Nonpriority Unsecured Cla	aims
Barclay Card Services PO Box 60517 City of Industry, CA 91716  Last 4 digits of account number  Name and Address Barclays Bank Delaware 125 S. West Street Attn: Credit Bureau Wilmington, DE 19801-5014  Name and Address Capital Management Services 698 1/2 South Ogden Street Buffalo, NY 14206-2317  Line 4.2 of (Check one):  Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims	Oity C	industry, externio	Last 4 digits of account number	7348	
Po Box 60517 City of Industry, CA 91716  Last 4 digits of account number  Sat9  Name and Address Barclays Bank Delaware 125 S. West Street Attn: Credit Bureau Wilmington, DE 19801-5014  Name and Address Capital Management Services 698 1/2 South Ogden Street Buffalo, NY 14206-2317  Part 2: Creditors with Nonpriority Unsecured Claims Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	Name a	and Address	On which entry in Part 1 or Part 2 did yo	ou list the original creditor?	
City of Industry, CA 91716  Last 4 digits of account number  Sa49  Name and Address Barclays Bank Delaware 125 S. West Street Attn: Credit Bureau Wilmington, DE 19801-5014  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.1 of (Check one):  Part 2: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  On which entry in Part 1 or Part 2 did you list the original creditor?  Capital Management Services 698 1/2 South Ogden Street Buffalo, NY 14206-2317			Line 4.2 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	3
Name and Address Barclays Bank Delaware 125 S. West Street Attn: Credit Bureau Wilmington, DE 19801-5014  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one):  Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims  Take 1 of (Check one):  Part 2: Creditors with Nonpriority Unsecured Claims  On which entry in Part 1 or Part 2 did you list the original creditor?  Capital Management Services 698 1/2 South Ogden Street Buffalo, NY 14206-2317  Last 4 digits of account number  Take 2 did you list the original creditor?  Line 4.1 of (Check one):  Part 2: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims			I	Part 2: Creditors with Nonpriority Unsecured Cla	aims
Barclays Bank Delaware 125 S. West Street Attn: Credit Bureau Wilmington, DE 19801-5014  Name and Address Capital Management Services 698 1/2 South Ogden Street Buffalo, NY 14206-2317  Line 4.1 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  7348  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.1 of (Check one):  Part 2: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims	City	industry, CA 91710	Last 4 digits of account number	5849	
125 S. West Street Attn: Credit Bureau Wilmington, DE 19801-5014  Last 4 digits of account number  7348  Name and Address Capital Management Services 698 1/2 South Ogden Street Buffalo, NY 14206-2317  Part 2: Creditors with Nonpriority Unsecured Claims				ou list the original creditor?	
Attn: Credit Bureau Wilmington, DE 19801-5014  Last 4 digits of account number  7348  Name and Address Capital Management Services 698 1/2 South Ogden Street Buffalo, NY 14206-2317  Part 2: Creditors with Nonpriority Unsecured Claims		=	Line 4.1 of (Check one):	Part 1: Creditors with Priority Unsecured Claims	3
Wilmington, DE 19801-5014  Last 4 digits of account number 7348  Name and Address Capital Management Services 698 1/2 South Ogden Street Buffalo, NY 14206-2317  Cast 4 digits of account number 7348  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.1 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims				Part 2: Creditors with Nonpriority Unsecured Cla	aims
Last 4 digits of account number 7348  Name and Address Capital Management Services 698 1/2 South Ogden Street Buffalo, NY 14206-2317  Cast 4 digits of account number 7348  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.1 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims					
Capital Management Services 698 1/2 South Ogden Street Buffalo, NY 14206-2317  Line 4.1 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims		<del>-</del> .	Last 4 digits of account number	7348	
Capital Management Services 698 1/2 South Ogden Street Buffalo, NY 14206-2317  Line 4.1 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims	Name a	and Address	On which entry in Part 1 or Part 2 did vo	ou list the original creditor?	
Buffalo, NY 14206-2317	Capit	al Management Services			3
			1	Part 2: Creditors with Nonpriority Unsecured Cla	aims
	butta	IO, NT 14206-2317	Last 4 digits of account number	7348	

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Debtor 1 Bridget L Lesinski		Case number (if know) 17-22398	
Name and Address Chase Mortgage PO Box 9001020 Louisville, KY 40290-1020	On which entry in Part 1 or Part 2 did Line 4.14 of (Check one):  Last 4 digits of account number	you list the original creditor?  Part 1: Creditors with Priority Unsecured Cla  Part 2: Creditors with Nonpriority Unsecured  3792	
	Last 4 digits of account number	3/92	
Name and Address Cheboygan Life Support System 536 Riggs Drive Cheboygan, MI 49721	On which entry in Part 1 or Part 2 did Line <u><b>4.3</b></u> of ( <i>Check one</i> ):	you list the original creditor?  Part 1: Creditors with Priority Unsecured Cla  Part 2: Creditors with Nonpriority Unsecured	
	Last 4 digits of account number	6203	
Name and Address Citibank (South Dakota) NA 7920 N.W. 110th Street Kansas City, MO 64153	On which entry in Part 1 or Part 2 did Line 4.5 of (Check one):  Last 4 digits of account number	you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Cla ■ Part 2: Creditors with Nonpriority Unsecured  9556	
	Last 4 digits of account number	9556	
Name and Address Discover PO Box 30943 Salt Lake City, UT 84130	On which entry in Part 1 or Part 2 did Line 4.6 of (Check one):  Last 4 digits of account number	you list the original creditor?  Part 1: Creditors with Priority Unsecured Cla  Part 2: Creditors with Nonpriority Unsecured  1368	
	East 4 digits of account number	1300	
Name and Address DISCOVER BANK 6500 NEW ALBANY ROAD New Albany, OH 43054	On which entry in Part 1 or Part 2 did Line <b>4.6</b> of ( <i>Check one</i> ):	you list the original creditor?  Part 1: Creditors with Priority Unsecured Cla  Part 2: Creditors with Nonpriority Unsecured	
	Last 4 digits of account number	1368	
Name and Address ERC PO Box 23871	On which entry in Part 1 or Part 2 did Line <b>4.2</b> of ( <i>Check one</i> ):	you list the original creditor?  Part 1: Creditors with Priority Unsecured Cla  Part 2: Creditors with Nonpriority Unsecured	
Jacksonville, FL 32241-3870	Last 4 digits of account number		
	Last 4 digits of account number	5849	
Name and Address FMA ALLIANCE LTD PO BOX 65 Houston, TX 77010	On which entry in Part 1 or Part 2 did Line <b>4.5</b> of ( <i>Check one</i> ):	you list the original creditor?  Part 1: Creditors with Priority Unsecured Cla  Part 2: Creditors with Nonpriority Unsecured	
riousion, 1x 77010	Last 4 digits of account number	9556	
Name and Address GC SERVICES COLLECTION AGENCY DIVISION 6330 GULFTON Houston, TX 77081	On which entry in Part 1 or Part 2 did Line 4.10 of (Check one):	you list the original creditor?  Part 1: Creditors with Priority Unsecured Cla  Part 2: Creditors with Nonpriority Unsecured	
	Last 4 digits of account number	2610	
Name and Address GC SERVICES P.O. BOX 3855 Houston, TX 77253	On which entry in Part 1 or Part 2 did Line <b>4.10</b> of ( <i>Check one</i> ):	you list the original creditor?  Part 1: Creditors with Priority Unsecured Cla  Part 2: Creditors with Nonpriority Unsecured	
	Last 4 digits of account number		
Name and Address JP Morgan Chase Bank, N.A. c/o CT Corporation System 150 West Market Street Suite 800 Indianapolis, IN 46204	On which entry in Part 1 or Part 2 did Line <b>4.14</b> of ( <i>Check one</i> ):	you list the original creditor?  Part 1: Creditors with Priority Unsecured Cla  Part 2: Creditors with Nonpriority Unsecured	
•	Last 4 digits of account number	3792	
Name and Address Macys PO Box 8061 Mason, OH 45040-8061	On which entry in Part 1 or Part 2 did Line 4.9 of (Check one):  Last 4 digits of account number	☐ Part 1: Creditors with Priority Unsecured Cla ☐ Part 2: Creditors with Nonpriority Unsecured	
	Lasi 4 uigiis oi account number	5354	

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Debtor 1 Br	ridget L	Lesinski		Case n	umber (if know)	17-22398
			0 111 - 1 5 2	P		
lame and Add <b>Jorthern C</b>		ureau	On which entry in Part 1 or Part 2 did Line <b>4.3</b> of ( <i>Check one</i> ):	-	-	ity I become de Claire -
O Box 478		ui <del>c</del> au	LINE TIO OI (CHECK UITE).			ity Unsecured Claims
Petoskey, I	-	0-0478		■ Part 2: 0	Creditors with Non	oriority Unsecured Claims
, .			Last 4 digits of account number	62	203	
ame and Add	Iress		On which entry in Part 1 or Part 2 did	you list the o	riginal creditor?	
orthstar L	_ocation	n Services, LLC	Line <b>4.2</b> of (Check one):			ity Unsecured Claims
		rvices Dept				priority Unsecured Claims
285 Genes				— T alt 2. V	orcators with Non	ononly onsecured claims
Buffalo, NY	/ 14225·	-1943				
			Last 4 digits of account number	58	349	
ame and Add			On which entry in Part 1 or Part 2 did	-	•	
artnership		cial CU	Line <u>4.13</u> of ( <i>Check one</i> ):	☐ Part 1: 0	Creditors with Prior	ity Unsecured Claims
O box 312	_	0070		Part 2: 0	Creditors with Non	oriority Unsecured Claims
ampa, FL	33031-	3279	Last 4 digits of account number	78	396	
			0 1:1 1 : 0 : 4 0 : 0 : 1			
ame and Add		ge Servicing	On which entry in Part 1 or Part 2 did Line <b>4.14</b> of ( <i>Check one</i> ):	•	•	ity Unsecured Claims
O. Box 10		go oci vionig	Line Tit Oi (Check one).			
.O. BOX 10 VV 26603				■ Part 2: 0	Creditors with Non	oriority Unsecured Claims
			Last 4 digits of account number			
ame and Add	Iress		On which entry in Part 1 or Part 2 did	you list the o	riginal creditor?	
		ge Servicing	Line 4.14 of (Check one):			ity Unsecured Claims
PO Box 740	0039	-				priority Unsecured Claims
incinnati,	OH 452	274		— 1 uit 2. (	C. 34.1010 WILL INOTE	ones, endodated claims
			Last 4 digits of account number			
ame and Add	Iress		On which entry in Part 1 or Part 2 did	you list the o	riginal creditor?	
Inited Coll	lection	Bureau	Line <b>4.10</b> of ( <i>Check one</i> ):	☐ Part 1: 0	Creditors with Prior	ity Unsecured Claims
O Box 144				■ Part 2: 0	Creditors with Non	priority Unsecured Claims
/laumee, O	)H 4353	7	Last 4 digits of account number		510	•
ame and Add		RY SYSTEMS INC	On which entry in Part 1 or Part 2 did Line <b>4.5</b> of ( <i>Check one</i> ):			
2.O.BOX 72		AT STSTEWS INC	Line 4.3 of (Check one):			ity Unsecured Claims
louston, T		2-2910		■ Part 2: 0	Creditors with Non	priority Unsecured Claims
iouoioii, i	X 11211	2 2010	Last 4 digits of account number	95	556	
ame and Add	Iress		On which entry in Part 1 or Part 2 did	vou list the o	riginal creditor?	
		g & Reis Co	Line <b>4.6</b> of ( <i>Check one</i> ):	_		ity Unsecured Claims
25 Vine St		-		_		priority Unsecured Claims
Suite 800				— Fait 2: (	orealiors with MON	ononly onsecured oldins
Cincinnati,	OH 452	202				
			Last 4 digits of account number	13	368	
ame and Add	Iress		On which entry in Part 1 or Part 2 did	you list the o	riginal creditor?	
		g & Reis Co	Line 4.6 of (Check one):	☐ Part 1: 0	Creditors with Prior	ity Unsecured Claims
O Box 659	97	_				priority Unsecured Claims
Cleveland, OH 44101-1597		01-1597	Land deliate.		•	,,
			Last 4 digits of account number	13	368	
art /	ld the A-	mounts for Each Type a	f Unsecured Claim			
		mounts for Each Type o	claims. This information is for statistic	al reporting	nurnoese entre s	RIISC 8150 Add the amounts for an
type of unse			ciamis. This information is for statistic	ai reporting	purposes uniy. 2	o o.o.o. g 105. Add the amounts for ea
					Tota	Claim
	6a.	Domestic support obligate	tions	6a.	\$	0.00
Total		_				
claims from Part 1	6b.	Tayos and cortain other a	lebts you owe the government	6b.	<b>c</b>	0.00
nom Fait I	6c.		onal injury while you were intoxicated	6c.	\$ *	0.00
	6d.		unsecured claims. Write that amount here			0.00
	ou.	outer. Add all other priority	unsecureu ciaims. White that amount here	∍. ou.	\$	0.00

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6j.

275,372.19

#### Debtor 1 Bridget L Lesinski Case number (if know) 17-22398 Total Priority. Add lines 6a through 6d. 6e. \$ 0.00 **Total Claim** Student loans 6f. 6f. 0.00 Total claims from Part 2 Obligations arising out of a separation agreement or divorce that 6g. 0.00 6g. you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 6h. 6h. 229,891.64 6i. Other. Add all other nonpriority unsecured claims. Write that amount 6i. 45,480.55 Total Nonpriority. Add lines 6f through 6i.

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Fill in this infor				
Debtor 1	Bridget L Lesinsl	<b>(i</b>		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT HAMMOND	OF INDIANA HAMMOND DIVISION AT	т
Case number	17-22398			
(if known)				☐ Check if this is amended filing

#### Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with Name, Number	whom you have the r, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1			•		
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.3	Ony		Oldio	Zii Codo	
	Name				
	Number	Street			_
	City		State	ZIP Code	<del>_</del>
2.4					
	Name				<u> </u>
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.5	-				
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>

## Case 17-22398-jra Doc 10 Filed 09/12/17 Page 24 of 49

Fill in t	his information to identify your	case:		
Debtor	1 Bridget L Lesins First Name	Middle Name	Last Name	
Debtor :		made Hame	2001.100	
(Spouse if		Middle Name	Last Name	
United S	States Bankruptcy Court for the:	NORTHERN DISTRIC	T OF INDIANA HAMMOND DIVISION AT	
Case nu	umber <b>17-22398</b>			
(if known)	11			☐ Check if this is an amended filing
Offic	ial Form 106H			
Sche	edule H: Your Cod	lebtors		12/15
2. V Ariz	No Yes  Within the last 8 years, have you zona, California, Idaho, Louisiana No. Go to line 3. Yes. Did your spouse, former spo  Column 1, list all of your codebrine 2 again as a codebtor only rm 106D), Schedule E/F (Officials Column 2.	u lived in a community p  , Nevada, New Mexico, Pouse, or legal equivalent live  tors. Do not include you if that person is a guara	r spouse as a codebtor if your spouse is fi ntor or cosigner. Make sure you have liste dule G (Official Form 106G). Use Schedule	in.) Iling with you. List the person showr d the creditor on Schedule D (Officia D, Schedule E/F, or Schedule G to fi
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		creditor to whom you owe the debt dules that apply:
3.1	David Lesinkski Non Debtor Spouse		☐ Schedule ☐  Schedule E ☐ Schedule G	o, line E/F, line <b>4.7</b>
3.2	David Lesinski Non Debtor Spouse		☐ Schedule G	E/F, line <b>4.14</b>
3.3	David Lesinski Non Debtor Spouse		■ Schedule D □ Schedule E □ Schedule G	-/F, line

## Case 17-22398-jra Doc 10 Filed 09/12/17 Page 25 of 49

Debtor 1	Bridget L Lesinski	Case number (if known) 17-22398
	Additional Page to List More Codebtors	
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.4	David Lesinski	■ Schedule D, line 2.2
	Non Debtor Spouse	☐ Schedule E/F, line ☐ Schedule G First National Bank of Illinois a Branch
3.5	David Lesinski	☐ Schedule D, line
	Non Debtor Spouse	■ Schedule E/F, line <u>4.12</u> □ Schedule G <u> </u>
3.6	David Lesinski	■ Schedule D, line <b>2.3</b>
	Non Debtor Spouse	☐ Schedule E/F, line ☐ Schedule G Lake County Treasurer

Fill in this information	to identify your case:	
Debtor 1	Bridget L Lesinski	
Debtor 2 (Spouse, if filing)		
United States Bankru	ptcy Court for the: NORTHERN DISTRICT OF INDIANA HAMMOND DIVISION AT HAMMOND	
Case number (If known)	7-22398	Check if this is:  An amended filing  A supplement showing postpetition cha
Official Form	า 106l	13 income as of the following date:

#### Schedule I: Your Income

12/15

For Debtor 2 or

For Debtor 1

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### **Describe Employment** Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. Employed Employed If you have more than one job, **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation **Teacher** Supervisor Include part-time, seasonal, or Employer's name Francis W. Parker School **Klein Construction** self-employed work. Occupation may include student **Employer's address** 15700 W. 103rd Street 330 West Webster Avenue or homemaker, if it applies. Suite 240 Chicago, IL 60614 Lemont, IL 60439 How long employed there? 10 years 1.5 year

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 5.416.67 7,066.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 0.00 0.00 3. 3. +\$ +\$ Calculate gross Income. Add line 2 + line 3. 7,066.00 5,416.67

Official Form 106I Schedule I: Your Income page 1

Debt	or 1	Bridget L Lesinski		Case n	umber (if known)	17-223	98	
				For I	Debtor 1		ebtor 2 or ling spouse	
	Сор	y line 4 here	4.	\$	7.066.00	\$	5,416.67	
5.	-	all payroll deductions:		· <del></del>	,	·		
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,278.00	\$	1,072.13	
	5b.	Mandatory contributions for retirement plans	5b.	\$	437.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$-	0.00	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
	5e.	Insurance	5e.	\$	1,038.54	\$	0.00	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g.	Union dues	5g.	\$	0.00	\$	0.00	
	5h.	Other deductions. Specify: Dependant Flex	5h.+	\$	100.00	+ \$	0.00	
		FACAS	_	\$	54.04	\$	0.00	
		Flex Fee	_	\$	5.00	\$	0.00	
		Long Term Disabilty		\$	6.67	\$	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	2,919.25	\$	1,072.13	
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	4,146.75	\$	4,344.54	
	8b. 8c. 8d. 8e. 8f. 8g. 8h.	Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Pension or retirement income Other monthly income. Specify:	8a. 8b. 8c. 8d. 8e.	\$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.00	
10.		tulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	4	+ \$	4,34	4.54 = \$	8,491.29
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your refriends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not a cify:	depend		•		nedule J. 11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rest is that amount on the Summary of Schedules and Statistical Summary of Certain ies					Combine	8,491.29 ed income

## Case 17-22398-jra Doc 10 Filed 09/12/17 Page 28 of 49

Debto	or 1	Bridget L Lesi	nski	Case number (if known)	17-22398	
13.	Do y	you expect an inc	rease or decrease within the year after you file this form?			
		Yes. Explain:	January 2017 Debtor's 2016-2017 employment contra amounts and received additional pay of (\$1,551.00) for 2017).			
			Effective September 2017 Debtor wife pay will now de 2017-2018 new school contract, debtor schedule I ref 9/15/17)		•	

requires frequent trips to doctor and is prescribed monthly prescriptions.

Debtor's son needs hearing aids, frequent hearing test and audiology services (non of theses medical services are covered by medical insurance, also was diagnosed with epilepsy, anxiety and

Official Form 106I Schedule I: Your Income page 3

Debtor 1   Bridget L Lesinski	Filli	n this inform	nation to identify you	ur case:			1				
MAMMOND DIVISION AT HAMMOND	Debte Debte (Spo	or 1 or 2 use, if filing)	Bridget L Les	sinski	EDN DISTRICT OF INDIV			Aı A 13	n amended filing supplement show B expenses as of		r
Official Form 106J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, statisch another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part   Describe Your Household								M	M / UU / YYYY		
Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information, if more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Raft     Describe Your Household     Describe Your Household   Desc	(If kn	own)									
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information, if more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part 1:   Describe Your Household				Expen	ıses					12	2/1
No. Go to line 2.  No. Go you have dependents? In No. Dependent's relationship to Deptor 1 or Debtor 2.  Do not list Debtor 1 and Debtor 2.  No. Go not list Debtor 1 and Debtor 2.  No. Go not list Debtor 1 and Debtor 2.  No. Go not list Debtor 1 and Debtor 2.  No. Go not list Debtor 1 and Debtor 2.  No. Go not list Debtor 1 and Debtor 2.  No. Go not list Debtor 1 and Debtor 2.  No. Go not list Debtor 1 and Debtor 2.  No. Go not list Debtor 1 and Debtor 2.  No. Go not list Debtor 1 and Debtor 2.  No. Go not list Debtor 1 and Debtor 2.  No. Go not list Debtor 1 and Debtor 2.  No. Go not list lie 1.  No. Go not l	Be a	s complete	e and accurate as more space is nee	possible. eded, atta	If two married people ar ch another sheet to this					or supplying correct	
No. Go to line 2.    Yes. Does Debtor 2 live in a separate household?   No   Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.    Do you have dependents?				nold							_
Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.    Do you have dependents?	1.	■ No. Go	to line 2.	n a separa	ate household?						
Do not list Debtor 1 and Debtor 2.  Do not state the dependents names.  Son 10				t file Officia	al Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of De	ebtor	· 2.		
Debtor 2.  Do not state the dependents names.  Son 10	2.	Do you ha	ve dependents?	□No							
dependents names.    Son   10   Yes   No   No   No   No   No   No   No   N			Debtor 1 and	■ Yes.					•		
Son 15						Son			10	■ Yes	
3. Do your expenses include expenses of people other than yourself and your dependents?  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I</i> : Your Income (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. Real estate taxes  4a. \$ 0.00  4b. Property, homeowner's, or renter's insurance  4b. \$ 133.33  4c. Home maintenance, repair, and upkeep expenses  4d. \$ 250.00  4d. Homeowner's association or condominium dues						Son		_	15	■ Yes	
3. Do your expenses include expenses of people other than yourself and your dependents?  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I</i> : Your Income (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4a. \$ 0.00  4b. Property, homeowner's, or renter's insurance  4c. \$ 133.33  4c. Home maintenance, repair, and upkeep expenses  4d. \$ 0.00  4d. Homeowner's association or condominium dues						Son			16	□ No	
Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$  250.00  4d. Homeowner's association or condominium dues	3.	expenses	of people other th	an $\Box$						□ Yes	
the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$ 1,800.00  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$ 250.00  4d. Homeowner's association or condominium dues	Esti expe	mate your o	expenses as of yo f a date after the b	ur bankrı	iptcy filing date unless y						
payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$  1,800.00  4a. \$  0.00  4b. \$  133.33  4c. \$  250.00  4d. \$  0.00	the	value of su	ch assistance and	on-cash ( I have inc	government assistance i luded it on <i>Schedule I:</i> \	f you know Your Income			Your exp	enses	
4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. Homeowner's association or condominium dues  4d. \$  0.00  133.33  4c. \$  250.00  4d. \$  0.00	4.					nclude first mortgage	e 4.	\$		1,800.00	
<ul> <li>4b. Property, homeowner's, or renter's insurance</li> <li>4c. Home maintenance, repair, and upkeep expenses</li> <li>4d. Homeowner's association or condominium dues</li> <li>4d. \$</li> <li>133.33</li> <li>250.00</li> <li>0.00</li> </ul>		If not inclu	uded in line 4:								
<ul> <li>4b. Property, homeowner's, or renter's insurance</li> <li>4c. Home maintenance, repair, and upkeep expenses</li> <li>4d. Homeowner's association or condominium dues</li> <li>4d. \$</li> <li>133.33</li> <li>250.00</li> <li>0.00</li> </ul>		4a. Rea	estate taxes				4a.	\$		0.00	
4d. Homeowner's association or condominium dues 4d. \$ 0.00			•							133.33	
				-							
	5.					me equity loans					

Deb	tor 1 Bridget L Lesinski	Case num	ber (if known)	17-22398
6.	Utilities:			
٥.	6a. Electricity, heat, natural gas	6a.	\$	300.00
	6b. Water, sewer, garbage collection	6b.	\$	110.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	450.00
	6d. Other. Specify:	6d.	\$	0.00
7.	Food and housekeeping supplies		\$	1,300.00
8.	Childcare and children's education costs	8.	\$	612.00
9.	Clothing, laundry, and dry cleaning	9.	\$	275.00
10.	Personal care products and services	10.	\$	200.00
11.		11.	\$	400.00
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare.			
	Do not include car payments.	12.	\$	785.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	125.00
14.	Charitable contributions and religious donations	14.	\$	50.00
15.	Insurance.			
	Do not include insurance deducted from your pay or included in lines 4 or 20.	45-	¢.	05.00
	15a. Life insurance	15a.	·	65.00
	15b. Health insurance	15b.	*	0.00
	15c. Vehicle insurance	15c.	\$	230.00
40	15d. Other insurance. Specify:	15d.	\$	0.00
	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <b>Estimated 2017 Indiana Taxes</b>	16.	\$	100.00
17.	Installment or lease payments:	4-	•	<b></b>
	17a. Car payments for Vehicle 1	17a.	·	530.00
	17b. Car payments for Vehicle 2	17b.		560.00
	17c. Other. Specify:	17c.	\$	0.00
	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as	18.	\$	0.00
10	deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). Other payments you make to support others who do not live with you.	10.	\$	0.00
10.	Specify:	19.	Ψ	0.00
20	Other real property expenses not included in lines 4 or 5 of this form or on Schee		our Income	
_0.	20a. Mortgages on other property	20a.		0.00
	20b. Real estate taxes	20b.		0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00
21.	Other: Specify: Childrens Sports	21.	+\$	150.00
		—		
22.	Calculate your monthly expenses			
	22a. Add lines 4 through 21.		\$	8,425.33
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c. Add line 22a and 22b. The result is your monthly expenses.		\$	8,425.33
23.	Calculate your monthly net income.		•	
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.		8,491.29
	23b. Copy your monthly expenses from line 22c above.	23b.	-\$	8,425.33
	23c. Subtract your monthly expenses from your monthly income.  The result is your <i>monthly net income</i> .	23c.	\$	65.96

#### 24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

Yes.

Explain here: Debtor's son needs hearing aids, frequent hearing test and audiology services (non of theses medical services are covered by medical insurance, also was diagnosed with epilepsy, anxiety and requires frequent trips to doctor and is prescribed monthly prescriptions.

Debtor and non debtor spouse both commute to Illinois for employment; fuel and tolls are based on average monthly expenses paid, along with wear and tear upkeep on maintenance on vehicles.

Fill in this inform	nation to identify your	case:		
Debtor 1	Bridget L Lesinsl	ki		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for the:	NORTHERN DISTRICT HAMMOND	OF INDIANA HAMMOND DIVISION AT	
Case number	17-22398			
(if known)				☐ Check if this is a amended filing

#### Official Form 106Dec

# **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below	
Di	id you pay or agree to pay someone who is NOT an attorney	to help you fill out bankruptcy forms?
	No	
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
	nder penalty of perjury, I declare that I have read the summar at they are true and correct.  /s/ Bridget L Lesinski	y and schedules filed with this declaration and
^	Bridget L Lesinski	Signature of Debtor 2
	Signature of Debtor 1	Ç
	Date September 12, 2017	Date

Official Form 106Dec

Fill in this inform	nation to identify your	case:			
Debtor 1	Bridget L Lesinsk				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	FOF INDIANA HAMMOND DIVIS	ION AT	
Case number	17-22398				
(if known)					☐ Check if this is an amended filing
Official Forn	n 106Dec				
Declarat	ion About a	ın Individua	Debtor's Sched	lules	12/15
	8 U.S.C. §§ 152, 1341, 1 n Below	519, and 3571.			
Did you pa	y or agree to pay some	one who is NOT an atto	rney to help you fill out bankrup	otcy forms?	
<b>™</b> No					
☐ Yes. 1	Name of person				y Petition Preparer's Notice, Signature (Official Form 119)
	ilty of perjury, I declare e true and correct.		nmary and schedules filed with	this declaration and	i
x B	Cilly L	· Lesensl	x Signature of Debtor	2	
	re of Debtor 1	, —	5.g 51 Dobitor		
Date _	-7/14/	<i>[-</i> ]	Date		

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

Fill in t	his inform	ation to identify you	r casa:			
Debtor 1 Bridget L Lesins First Name		Bridget L Lesins First Name	Middle Name	Last Name		
Debtor	2					
(Spouse it	f, filing)	First Name	Middle Name	Last Name		
United	States Ban	kruptcy Court for the:	NORTHERN DISTRICT C HAMMOND	OF INDIANA HAMMOND DIV	'ISION AT	
Case n (if known)		7-22398			-	Check if this is an Imended filing
State Be as ce informa	ement omplete a	nd accurate as possi	attach a separate sheet to t	re filing together, both are	ankruptcy equally responsible for sup y additional pages, write you	
Part 1:	Give D	etails About Your Ma	rital Status and Where You	Lived Before		
1. Wh	nat is your	current marital statu	ıs?			
■	Married Not marr	ied				
2. Du	ring the la	st 3 years, have you	lived anywhere other than v	where you live now?		
■	No Yes. List	all of the places you I	ived in the last 3 years. Do no	ot include where you live nov	<i>ı</i> .	
De	ebtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	dress:	Dates Debtor 2 lived there
					ity property state or territor ico, Texas, Washington and V	
■	No Yes Mal	ke sure vou fill out <i>Sch</i>	nedule H: Your Codebtors (Of	ficial Form 106H)		
Part 2		n the Sources of You	`	iliciai i omi iodii).		
<b>4. Dic</b> Fill	in the total	amount of income yo	nployment or from operating u received from all jobs and a have income that you receive	II businesses, including part		ndar years?
	No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
					☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

Debtor 1 Bridget L Lesinski Case number (if known) 17-22398

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2016)	■ Wages, commissions, bonuses, tips	\$64,809.93	☐ Wages, commissions, bonuses, tips	
	☐ Operating a business		☐ Operating a business	
For the calendar year before that: (January 1 to December 31, 2015)	■ Wages, commissions, bonuses, tips	\$60,505.00	☐ Wages, commissions, bonuses, tips	
	☐ Operating a business		☐ Operating a business	
	■ Wages, commissions, bonuses, tips	\$1,800.00	☐ Wages, commissions, bonuses, tips	
	☐ Operating a business		☐ Operating a business	
winnings. If you are filing a joint of List each source and the gross in No  Yes. Fill in the details.	•			
	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2016)	Jnt Federal Tax Refund	\$120.00		
	Jnt Illinois Tax Refund	\$210.00		
For the calendar year before that: (January 1 to December 31, 2015)	Jnt Federal Tax Refund	\$1,385.00		
	Jnt Illinois Tax Refund	\$309.00		
Part 3: List Certain Payments Yo	u Made Before You Filed for	Bankruptcy		
	2's debts primarily consumer Debtor 2 has primarily consu a personal, family, or househol	umer debts. Consumer debts	are defined in 11 U.S.C. § 10	1(8) as "incurred by an
	fore you filed for bankruptcy, di	d you pay any creditor a total	of \$6,425* or more?	
☐ No. Go to line	7.			
paid that on not include	each creditor to whom you pai creditor. Do not include paymer e payments to an attorney for the ont on 4/01/19 and every 3 year:	nts for domestic support obligations in the stankruptcy case.	ations, such as child support a	nd alimony. Also, do

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			<b>re primarily consumer de</b> d for bankruptcy, did you pa		al of \$600 or more?	?		
	□ <sub>No.</sub>	Go to line 7.						
	■ Yes	List below each credite	r to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not omestic support obligations, such as child support and alimony. Also, do not include payments to an ptcy case.					
	Creditor's Name and Address				Amount you still owe	Was this payment for		
	Indiana Departme PO Box 0595 Indianapolis, IN 40		8/2017	\$1,151.00	\$0.00	☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other 2016 State Taxes Owed		
7.	Insiders include your r of which you are an of a business you operat alimony.	elatives; any general pa ficer, director, person in	control, or owner of 20% of	eral partners; partners or more of their voting	erships of which yo g securities; and a	was an insider? bu are a general partner; corporations ny managing agent, including one fo as, such as child support and		
	■ No □ Yes. List all paym	nents to an insider.						
	Insider's Name and	Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment		
8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.							
	■ No							
		nents to an insider						
	Insider's Name and	Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name		
Pa	t 4: Identify Legal	Actions, Repossessior	s, and Foreclosures					
9.		ncluding personal injury	cy, were you a party in ar cases, small claims action					
	□ No							
	Yes. Fill in the de	tails.						
	Case title Case number		Nature of the case	Court or agency		Status of the case		
	First National Bank of Illinois a Branch of Old PI vs. Bridget H Lesinski, et al 45D03-1406-MF-00001		Mortage Foreclosure			<ul><li>□ Pending</li><li>□ On appeal</li><li>■ Concluded</li></ul>		
						Default Judgment Rendered 12-7-16		

Debtor 1 Bridget L Lesinski

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	Case title Case number	Nature of the case	Court or agency	Status of th	e case		
	DISCOVER BANK C/O DISCOVER PRODUCTS INC vs. BRIDGET L LESINSKI 45D09-1702-CC-00111	Collection	Lake Superior Court 2293 N. Main Street Crown Point, IN 46307	☐ On appe	<ul><li>□ Pending</li><li>□ On appeal</li><li>■ Concluded</li></ul>		
				Default Ju Rendered	dgment		
10.	Within 1 year before you filed for bankru Check all that apply and fill in the details be		erty repossessed, foreclosed	, garnished, attached	I, seized, or levied?		
	<ul><li>No. Go to line 11.</li><li>Yes. Fill in the information below.</li></ul>						
	Creditor Name and Address	Date	Value of the property				
11.	Explain what happened  Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No						
	Yes. Fill in the details.  Creditor Name and Address	Describe the action the	e creditor took	Date action was taken	Amount		
12.	Within 1 year before you filed for bankru court-appointed receiver, a custodian, o  ■ No □ Yes		erty in the possession of an a	ssignee for the bene	fit of creditors, a		
Par	List Certain Gifts and Contribution	ns					
13.	Within 2 years before you filed for bankr ■ No □ Yes. Fill in the details for each gift.	ruptcy, did you give any gift	s with a total value of more th	nan \$600 per person'	•		
	Gifts with a total value of more than \$60 per person	Describe the gifts		Dates you gave the gifts	Value		
	Person to Whom You Gave the Gift and Address:	ı					
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  ■ No  ■ Yes. Fill in the details for each gift or contribution.						
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod	total Describe what yo	u contributed	Dates you contributed	Value		
Par	t 6: List Certain Losses						
15.	Within 1 year before you filed for bankru or gambling?	iptcy or since you filed for I	oankruptcy, did you lose anyt	hing because of thef	t, fire, other disaster,		
	■ No □ Yes. Fill in the details.						
	Describe the property you lost and how the loss occurred	Describe any insurance of Include the amount that insurance claims on line 33	urance has paid. List pending	Date of your loss	Value of property lost		

Debtor 1 Bridget L Lesinski

Debtor 1 Bridget L Lesinski

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Pa	t 7: List Certain Payments or Transfers						
16.	Within 1 year before you filed for bankruptcy, consulted about seeking bankruptcy or prepared include any attorneys, bankruptcy petition prepared in the control of the con	aring a bankruptcy po	etition?			erty to anyone you	
	□ No						
	Yes. Fill in the details.						
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and transferred	value of any prope	erty	Date payment or transfer was made	Amount of payment	
	Manning & Mouratides, P.C. 200 Monticello Drive Dyer, IN 46311 ken@kmmglawfirm.com	Bankruptcy At Fees	torney Fees & Fi	ling	8/2017	\$1,535.00	
	debthelper.com	PreBankruptcy	/ Credit Counseli	ing	2017	\$24.00	
17.	Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you  No	or to make paymen			or transfer any prop	erty to anyone who	
	Yes. Fill in the details.						
	Person Who Was Paid Address	Description and transferred	value of any prope	erty	Date payment or transfer was made	Amount of payment	
18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No						
	Yes. Fill in the details.  Person Who Received Transfer	Description and	value of	Describe	any property or	Date transfer was	
	Address  Person's relationship to you	property transfe			received or debts	made	
19.	Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-protein No.		ny property to a se	elf-settled tru	ust or similar device	e of which you are a	
	Yes. Fill in the details.						
	Name of trust	Description and	value of the prope	rty transferr	ed	Date Transfer was made	
Pa	rt 8: List of Certain Financial Accounts, Inst	ruments, Safe Depos	it Boxes, and Stor	age Units			
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associa ☐ No	other financial accor	unts; certificates of				
	Yes. Fill in the details.						
		Last 4 digits of account number	Type of account instrument	clo mo	te account was osed, sold, oved, or nsferred	Last balance before closing or transfer	
				· · · ·			

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Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of acc instrument	ount or	Date account was closed, sold, moved, or transferred	Last balance before closing o transfe
First National Bank of Ilinois	XXXX-6911	■ Checking □ Savings □ Money M □ Brokerag □ Other	arket	2016/2017	\$8.00
21. Do you now have, or did you have within 1 y cash, or other valuables?	year before you filed	for bankruptcy,	any safe d	eposit box or other depos	itory for securities,
□ No ■ Yes. Fill in the details.					
Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had a Address (Numbe State and ZIP Code)	er, Street, City,	Describ	e the contents	Do you still have it?
Chase Bank	Debtor and n spouse			ertificates, Marriage e, Pictures	□ No ■ Yes
■ No	or place other than yo	our home within	1 year bef	ore you filed for bankrupto	cy?
_	Who else has of to it? Address (Number State and ZIP Code)	or had access		ore you filed for bankrupto	Do you still have it?
■ No □ Yes. Fill in the details. Name of Storage Facility	Who else has of to it? Address (Number State and ZIP Code)	or had access		·	Do you still
No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Part 9: Identify Property You Hold or Control	Who else has of to it? Address (Number State and ZIP Code) for Someone Else	or had access or, Street, City,	Describ	e the contents	Do you still have it?
No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Part 9: Identify Property You Hold or Control  23. Do you hold or control any property that so for someone.  No	Who else has of to it? Address (Number State and ZIP Code) for Someone Else	or had access or, Street, City, occlude any propo	Describ erty you bo	e the contents	Do you still have it?
No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Part 9: Identify Property You Hold or Control  23. Do you hold or control any property that so for someone.  No Yes. Fill in the details.  Owner's Name	Who else has of to it? Address (Numbe State and ZIP Code) for Someone Else meone else owns? In	or had access or, Street, City, occlude any propo	Describe Describe Debtor minor (xx003) in accordance of the control of the contro	oe the contents	Do you still have it?  For, or hold in trus  Va

Debtor 1 Bridget L Lesinski

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 Bridget L Lesinski

Case number (if known) 17-22398

24.	Has	any governmental unit notified you that	t you may be liable or potentially liable	unc	der or in violation of an environme	ental law?
		No				
		Yes. Fill in the details.				
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice
25.	Hav	e you notified any governmental unit of	any release of hazardous material?			
		No				
		Yes. Fill in the details.				
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice
26.	Hav	e you been a party in any judicial or adn	ninistrative proceeding under any envi	roni	mental law? Include settlements a	nd orders.
		No Yes. Fill in the details.				
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case
Par	111:	Give Details About Your Business or	Connections to Any Business			
27.	Wit	hin 4 years before you filed for bankrupt	cy, did you own a business or have an	y of	f the following connections to any	business?
		☐ A sole proprietor or self-employed i	n a trade, profession, or other activity,	eith	ner full-time or part-time	
		☐ A member of a limited liability comp	pany (LLC) or limited liability partnershi	ip (L	LLP)	
		☐ A partner in a partnership				
		☐ An officer, director, or managing ex	ecutive of a corporation			
		☐ An owner of at least 5% of the voting	g or equity securities of a corporation			
		No. None of the above applies. Go to F	Part 12.			
		Yes. Check all that apply above and fill	in the details below for each business	S.		
		siness Name	Describe the nature of the business		Employer Identification number	
	Address (Number, Street, City, State and ZIP Code)		Name of accountant or bookkeeper		Do not include Social Security number or ITI	
					Dates business existed	
	LG	M Construction Company			EIN:	
					From-To	
28.		hin 2 years before you filed for bankrupt itutions, creditors, or other parties.	cy, did you give a financial statement t	to aı	nyone about your business? Inclu	de all financial
		No Yes. Fill in the details below.				
	Na		Date Issued			
		mber, Street, City, State and ZIP Code)				

Official Form 107

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Debtor	1 Bridget L Lesinski		Case number (if known)	17-22398
Part 12	2: Sign Below			
are true with a l	read the answers on this <i>Statement of</i> e and correct. I understand that making bankruptcy case can result in fines up C. §§ 152, 1341, 1519, and 3571.	g a false statement, concealing pr	operty, or obtaining money or	
/s/ Bri	idget L Lesinski			
Bridg	et L Lesinski ture of Debtor 1	Signature of Debtor 2	2	
Date	September 12, 2017	Date		
<b>Did yο</b> ι □ No	u attach additional pages to Your State	ement of Financial Affairs for Indiv	viduals Filing for Bankruptcy (	Official Form 107)?
Yes				
Did you	u pay or agree to pay someone who is	not an attorney to help you fill ou	t bankruptcy forms?	
No				

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Debtor 1 Bridget L Lesinski	Case number (if known) 17-22398
Part 12: Sign Below	
I have read the answers on this Statement of Financiare true and correct. I understand that making a false with a bankruptcy case can result in finescup to \$250 18 U.S.C. §§ 152, 1341, 1519, and 3571.	ial Affairs and any attachments, and I declare under penalty of perjury that the answers e statement, concealing property, or obtaining money or property by fraud in connection 1,000, or imprisonment for up to 20 years, or both.
Bridget La Lesinski	Signature of Debtor 2
Signature of Debtor 1	
Date 9//2//7	Date
Did you attach additional pages to Your Statement of	f Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
■ No	g <u> </u>
☐ Yes	
Did you pay or agree to pay someone who is not an a ■ No	attorney to help you fill out bankruptcy forms?
☐ Yes. Name of Person Attach the <i>Bankruptcy</i>	Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Debtor 1	Bridget L Lesinsk	<b>ci</b>			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
	ankruptcy Court for the:	HAMMOND			
	17-22398			_	<b>.</b>
(if known)					Check if this is ar amended filing

#### Official Form 108

## Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

dentify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the propert as exempt on Schedule C
Creditor's Chase Auto Finance	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of broperty securing debt:  2014 Chevy Traverse 68k miles Market value based on Carmax appraisal 8/2017 Titled in Debtor's name and Non Debtor husband name.	■ Retain the property and enter into a Reaffirmation Agreement.  □ Retain the property and [explain]:	■ Yes
Creditor's First National Bank of Illinois a name: Branch	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of oroperty 46321 Lake County Market value based on CMA 7-6-2016 \$350,000	<ul><li>■ Retain the property and enter into a Reaffirmation Agreement.</li><li>□ Retain the property and [explain]:</li></ul>	■ Yes
Creditor's TOYOTA FINANCIAL SERVICES	☐ Surrender the property.	□ No

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

### Case 17-22398-jra Doc 10 Filed 09/12/17 Page 43 of 49

Del	btor 1 Bridg	et L Lesinski	Case number (if known)	17-22398
r	name:		☐ Retain the property and redeem it.	■ Yes
	Description of	2012 Toyota Camry 75,000+	Retain the property and enter into a Reaffirmation Agreement.	
	property securing debt:	miles Market value based on CarMax Appraisal 8/2017	☐ Retain the property and [explain]:	_
		ur Unexpired Personal Property Leases		
in th	ne information	n below. Do not list real estate leases. U	d in Schedule G: Executory Contracts and Unexpired Inexpired leases are leases that are still in effect; the f the trustee does not assume it. 11 U.S.C. § 365(p)(2)	lease period has not yet ended.
Des	scribe your ur	nexpired personal property leases		Will the lease be assumed?
Les	ssor's name:			□ No
_	scription of leas perty:	sed		☐ Yes
Les	ssor's name:			□ No
	scription of leas operty:	sed		☐ Yes
Les	ssor's name:			□ No
_	scription of leas operty:	sed		☐ Yes
	ssor's name:			□ No
	scription of leas operty:	sed		☐ Yes
	ssor's name:			□ No
_	scription of leasoperty:	sea		☐ Yes
	ssor's name:			□ No
_	scription of leasoperty:	sed		☐ Yes
	ssor's name:			□ No
	scription of leas operty:	sed		☐ Yes
Par	rt 3: Sign Be	elow		
Und	ler penalty of		ny intention about any property of my estate that sec	cures a debt and any personal
	/s/ Bridget	•	X	
	Bridget L L Signature of	_esinski	Signature of Debtor 2	
	Date Se	entember 12 2017	Date	

Official Form 108

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Debtor 1 Bridg	et L Lesinski	Case number (if known)	17-22398
name:		☐ Retain the property and redeem it.	■ Yes
Description of property securing debt:	2012 Toyota Camry 75,000+ miles Market value based on CarMax Appraisal 8/2017	■ Retain the property and enter into a Reaffirmation Agreement.  □ Retain the property and [explain]:	_
For any unexpired in the information	below. Do not list real estate leases. U	d in Schedule G: Executory Contracts and Unexpired nexpired leases are leases that are still in effect; the f the trustee does not assume it. 11 U.S.C. § 365(p)(2	lease period has not yet ended
Describe your un	expired personal property leases		Will the lease be assumed?
Lessor's name: Description of leas	and		□ No
Property:	seu		☐ Yes
Lessor's name:			□ No
Description of leas Property:	sea		☐ Yes
Lessor's name:			□ No
Description of leas Property:	sed		☐ Yes
Lessor's name:			□ No
Description of leas Property:	sed		☐ Yes
Lessor's name:			□ No
Description of leas Property:	sed		☐ Yes
Lessor's name:			□ No
Description of leas Property:	sed		☐ Yes
Lessor's name:			□ No
Description of leas Property:	sed		☐ Yes
Part 3: Sign Be	olow		
Under penalty of p	perjury, I declare that I have indicated m ubject to an unexpired lease.	ly intention about any property of my estate that sec	ures a debt and any personal
X Bridget L L Signature of I	•	X Signature of Debtor 2	
Date	7/12/17	Date	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court Northern District of Indiana Hammond Division at Hammond**

In re	Bridget L Lesinski		Case No.	17-22398
		Debtor(s)	Chapter	7
	DISCLOSURE OF COMPENS	SATION OF ATTOR	RNEY FOR DE	BTOR(S)
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:			
	For legal services, I have agreed to accept		\$	1,200.00
	Prior to the filing of this statement I have received		\$	1,200.00
	Balance Due		\$	0.00
2.	\$ 335.00 of the filing fee has been paid.			
3.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
4.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
5.	■ I have not agreed to share the above-disclosed compens	sation with any other person t	unless they are memb	pers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.			
6.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:			
	<ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reduce market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed, but not representation at reaffirmation agreement hearings. Reaffirmation that are in the best financial interest of the Debtor.</li> </ul>			
7.	By agreement with the debtor(s), the above-disclosed fee does not include the following service:  Representation of the debtors in any dischargeability actions, judiciel lien avoidances; relief from stay actions or any other adversary proceeding. Any work related to debtor's failure to cooperate with Trustee including failure to provide tax returns. Filing fees for amendments. Motion to Reedem. Credit Repair and Credit Report corrections. Mortgage Loan Modification. Appearance at more then one Section 341 Hearing			
		CERTIFICATION		
	I certify that the foregoing is a complete statement of any a ankruptcy proceeding.	greement or arrangement for	payment to me for re	epresentation of the debtor(s) in
S	eptember 12, 2017	/s/ Kenneth A. Ma	nning	
L	ate	<b>Kenneth A. Manni</b> Signature of Attorney		
		Manning & Moura	tides, P.C.	
		200 Monticello Dr	ive	
		Dyer, IN 46311 (219) 865-8376 Fa	ax: (219) 865-4054	
		ken@kmmglawfir		
		Name of law firm		